



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: VIBRA HOSPITAL OF NORTHERN INDIANA

City of Hospital: Crown Point

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Brian Cunningham

Email Address: bcunningham@vibrahealth.com

Medicare Provider Number: 15-2028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$75318392
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$75318392

2. Deductions From Revenue

Contractual Allowance	\$58177704
Other Deductions	\$0
Total Deductions	\$58177704

3. Total Operating Revenue

Net Patient Service Revenue	\$17140688
Other Operating Revenue	\$596350
Total Operating Revenue	\$17737038

4. Operating Expenses

Salaries and Wages	\$7690868	Employee Benefits	\$1076867
Depreciation and Amortization	\$92330	Interest Expense	\$7314
Bad Debt	\$341596	Other Expenses	\$5721559
Total Operating Expenses	\$14930534		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2806504	Total Assets	\$15179209
Net Non-operating Gains over Loss	\$-635089	Total Liabilities	\$4865207

Total Net Gains	\$2171415
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43098334	\$33246949	\$9851385
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32220058	\$24930755	\$7289303
Total	\$75318392	\$58177704	\$17140688

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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